

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	AS		10/31/00
FEE DETERMINATION			
O.L.P.E. CLASSIFIER	FW	32	11/15
FORMALITY REVIEW	M. M.	1024	12-13-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ----- Rejected N ----- Non-elected
 + ----- Allowed I ----- Interference
 - (Through numeral) ... Canceled A ----- Appeal
 + ----- Restricted O ----- Objected

Claim	Final	Original	Date
1	✓	✓	10/31/00
2	✓	✓	10/31/00
3	✓	✓	10/31/00
4	✓	✓	10/31/00
5	✓	✓	10/31/00
6	✓	✓	10/31/00
7	✓	✓	10/31/00
8	✓	✓	10/31/00
9	✓	✓	10/31/00
10	✓	✓	10/31/00
11	✓	✓	10/31/00
12	✓	✓	10/31/00
13	✓	✓	10/31/00
14	✓	✓	10/31/00
15	✓	✓	10/31/00
16	✓	✓	10/31/00
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28	✓	✓	10/31/00
29	✓	✓	10/31/00
30	✓	✓	10/31/00
31	✓	✓	10/31/00
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42	✓	✓	10/31/00
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46	✓	✓	10/31/00
47	✓	✓	10/31/00
48	✓	✓	10/31/00
49	✓	✓	10/31/00
50	✓	✓	10/31/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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